

PHYSICIAN'S HANDBOOK
ON THE REPORTING
OF ABORTIONS

State of Michigan
Department of Community Health
Vital Records & Health Data Development Section

PHYSICIAN-S HANDBOOK
ON THE REPORTING
OF ABORTIONS

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INTRODUCTION

PURPOSE

This handbook is designed as an aid to physicians, hospital and clinic personnel, and others with responsibilities related to completing and forwarding reports on abortions. It includes specific information for recording entries and sending corrections to reports that have already been submitted.

A physician that performs an abortion is required to file a report of the performance of the procedure to the Department of Community Health. The reporting of induced abortions is required by MCL 333.2835. Reporting began in Michigan in 1979. A report of each abortion is required within seven (7) days of the abortion being performed. The report of the abortion must be on the Abortion Report form (DCH-0819).

For the purposes of this reporting an abortion is defined as:

....the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth or to remove a dead fetus....

[MCL 333.17015]

As clarification, please note that the Abortion Report (DCH-0819) is distinct from the Abortion Complication Report (DCH-0819a). Any physical complications of an abortion which are identified at the time of the termination or shortly thereafter and before the abortion is reported are to be reported on the Abortion Report form. Any complications that are the result of the abortion which are identified after the abortion is reported must be reported on an Abortion Complication form. Do not report the same complication on both forms. The reporting of a physical complication of an abortion which is subsequently diagnosed is required by Act 208 of 1999, being MCL 333.2837.

Reports of induced terminations of pregnancy are not legal records and are not maintained permanently in the files of the Vital Records and Health Data Development Section. The data derived from the reports are used to prepare statistical information on abortions in Michigan.

The Department will make available annually in aggregate a statistical report summarizing the information submitted in the individual abortion reports.

The induced abortion report must not contain the name of the patient, common identifiers such as social security or drivers license numbers or other information or identifiers that would make it possible to identify in any manner or under any circumstances an individual who has obtained or seeks to obtain an abortion.

Abortion reports submitted under terms of Act 368 of the Public Acts of 1978 are statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics. The Department of Community Health must destroy the individual reports and any copies of the records after retaining them for five (5) years.

The Department will not make copies of the report available to any person or entity.

GENERAL INSTRUCTIONS FOR COMPLETING REPORTS

The data required to be reported are obtained from the patient, physician, and/or the hospital or clinic records.

It is vital that these reports be prepared in accordance with the following guidelines:

DO

1. Use the current version of the form. The form to be used must be dated 10/02 or later (meaning October, 2002) in the lower left margin of the form.
2. File the report within seven (7) days of the termination.
3. Type or print all entries, except Item 20b - Signature of Physician. Print legibly in dark unfading ink.
4. Complete all items.
5. Avoid abbreviations.
6. Spell entries correctly.
7. Have the physician who performed the abortion enter his/her signature. The use of a rubber stamp of the physician's signature is acceptable.
8. Refer problems not covered in specific instructions to the Manager of the Nosology Unit, Vital Records and Health Data Development Section (517) 335-8683.

DO NOT

1. File a report for spontaneous abortion or miscarriage on this form.
2. Include names or addresses of patients or facilities or any other identifying information. The Department will return any reports containing information not called for by the report.
3. INCLUDE ANY INFORMATION OTHER THAN THAT WHICH IS CALLED FOR BY THE REPORT.

Send completed reports to:

Vital Records and Health Data Development Section
P.O. Box 30691
Lansing, Michigan 48909
Attention: Nosology Unit

**INSTRUCTIONS FOR COMPLETING THE MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH ABORTION REPORT**

1a. - 1c. Residence of Patient

The patient's residence is the place where she has set up housekeeping. This is not necessarily the same as her **Home State**, **Voting Residence** or **Legal Residence**. Never enter a temporary residence such as one used during a visit, business trip or a vacation. Residence for a short time at the home of a relative or friend is considered to be temporary and should not be entered here. Place of residence during a tour of military duty or during attendance at college is not considered temporary and should therefore be shown as place of residence of the patient.

1a. City or Township

Enter the name of the city or township where the patient actually resides and indicate whether the location is a city or township by circling the appropriate work on the reporting form or by writing in **Acity** or **Atwp** after the name of the location. This may differ from the city or township in her mailing address.

Example:

RESIDENCE OF PATIENT - CITY OR TOWNSHIP	
1a.	DeWitt

OR

RESIDENCE OF PATIENT - CITY OR TOWNSHIP	
1a.	DeWitt Twp

1b. County

Enter the name of the county in which the patient actually resides.

1c. State

Enter the name of the state in which the patient actually resides. This may differ from the state used in her mailing address.

2. Race of the Patient

In general, race should be reported as American Indian, Asian, black, white or Pacific Islander

Enter the patient's race. If unknown, enter **Unknown**.

If multi-racial, enter each race or **multi-racial** according to the documentation in the patient's chart.

Note that a person whose ancestry was from the Middle East would generally be white.

Note that Hispanic is not a race. A patient who describes themselves as Hispanic, Latino,

Chicano, etc. or as Mexican, Cuban, Puerto Rican, etc. would generally be white, black or American Indian or a combination of these races. Enter the race(s) that best describes the patient. If the appropriate race can not be determined, enter Aunknown.@

If the national origin is Chinese, Vietnamese, Japanese, Hmong, etc., enter AAsian.@

3. Age of the Patient

Enter the age of the patient at her last birthday.

4. Marital Status (married, not married)

Check Amarried@ if the patient was legally married (including separated) at the time of termination. Otherwise, check Anot married.@

5. Number of Previous Pregnancies Carried to Term

Enter the number of pregnancies carried to term.

Note: For the purposes of these reports Apregnancies carried to term@are pregnancies of 37 weeks gestational age or longer, regardless of outcome.

Check Anone@ if the patient has had no previous pregnancies carried to term.

6. Number of Previous Pregnancies Ending in Miscarriage or Spontaneous Abortion

Enter the number of pregnancies that ended in miscarriage or spontaneous abortion, which is defined for the purposes of these reports as non-induced terminations of pregnancy of less than 20 complete weeks gestational age, regardless of outcome, for the purpose of these reports.

Enter only naturally terminating pregnancies in this item. Generally, ectopic or tubal pregnancies should be reported as an induced termination in item 6.

Check Anone@ if the patient has had no previous pregnancies ending in miscarriage.

7. Number of Previous Pregnancies Terminated by Abortion

Enter the number of previous abortions, being defined as the purposeful termination of a human pregnancy, which this patient has had. Do not include this termination. Check Anone@ if the patient has had no previous abortions. Include termination following induction of labor for intrauterine fetal death or otherwise where the intent is to produce other than a live born infant.

8. First Day of Last Menstrual Period (month, day, year)

Enter the exact date (month, day, year) of the beginning of the patient's last normal menstrual period, as obtained from the hospital or clinic record, or the patient herself.

If the exact day is unknown, but the month and year are known, obtain an estimate of the day from the patient or the physician. If an estimate cannot be obtained, enter only the month and year.

9. Gestational Age in Weeks

Enter the attending physician's estimate of the gestation of this pregnancy in completed weeks.

10. Method Used to Confirm Pregnancy

Check the appropriate box indicating how pregnancy was confirmed. Check only one box. If method is other than the options listed, check Another and specify method used. Indicate Unknown if the patient is unsure how the pregnancy was confirmed or refuses to provide information.

11. Source of Referral

Check the appropriate box indicating the person or agency that referred the patient to obtain an abortion. Check only one box. If source of referral is a family planning agency which is a program of a local health department check the box indicating Health Department. If the person or agency is not included in the options given, check Another and specify the type of source. DO NOT INCLUDE NAMES OR ADDRESS OF PERSONS OR AGENCIES OR IN ANY WAY SPECIFICALLY IDENTIFY THE SOURCE OF THE REFERRAL.

Report self referral if the patient indicates source such as the Yellow Pages, TV, radio, advertisement or similar.

Note: If the patient refuses to supply any of the above information (items 1-7, 10), indicate such by entering AREFUSED in the corresponding item box on the report form. However, it is the responsibility of the physician to complete item 8.

12. Procedure

Check the primary procedure that actually terminated this pregnancy and any additional procedures used. If a procedure not listed was used, check Another and specify.

For purposes of reporting, D & E refers to Dilation and Evacuation unless otherwise indicated. For Dilation and Extraction check Another and specify AD & X.

If the procedure is Anone, meaning the termination was spontaneous, a report on any complication is NOT to be filed. The abortion report is to be used for induced abortions only. If the spontaneous abortion resulting in a fetus being born dead occurred at a gestational age of 20 weeks or more and/or if the fetus weighed at least 400 grams, a fetal death report must be filed (form DCH-0615). (See State Registrar Instruction Letter Number 2.)

13. Immediate Complications

Check all of the appropriate boxes. If no complications have occurred at the time the report is completed, check *None*. If a complication not listed occurred, check *Other* and specify.

14. Did the Fetus Show Evidence of Life When Separated, Expelled or Removed From the Woman? (yes/no)

Check the appropriate box.

Note: Evidence of life is constituted by breathing, beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. A fetus showing such evidence of life must be reported as a live born, in which case BOTH AN ABORTION REPORT AND A CERTIFICATE OF LIVE BIRTH MUST BE FILED.

15. Weight of Fetus (if determinable)

Enter the weight of the fetus or embryo, if determinable. Weight in grams is preferred. (Please use the gram weight conversion table in Appendix E.) If unable to determine the weight, indicate such by checking the box *Not determinable* and leave the rest of the item blank.

16. Date Abortion Performed (month, day, year)

Enter the exact month, day, and year of the pregnancy termination. The date the pregnancy was actually terminated should be entered. This may not necessarily be the date the procedure was begun.

17. Source and Method Payment

Check the appropriate box indicating method of payment. If payment is to be made directly either by the patient or for the patient, indicate *self pay*. If making payment through a third party health care plan, indicate *Insurance* and specify type of insurance, ie: *Aetna*, *Blue Cross*, etc.

18. Facility where Abortion Performed - Type of Facility

Indicate the type of facility where the abortion was performed by checking the appropriate box. Check only one box. If the type of facility is not listed as an option, check the box *Other* and specify the type of facility. DO NOT INCLUDE NAMES, TITLES, OR STREET ADDRESSES, OR IN ANY WAY SPECIFICALLY IDENTIFY THE FACILITY WHERE THE ABORTION WAS PERFORMED.

19a. Facility Location - City, Village, Township

Enter the name of the city, village, or township where the abortion occurred. Indicate whether the location is a city, village, or township by circling the appropriate word on the reporting form, or by writing *Acity*, *Avillage*, or *Atwp* after the name of the location.

19b. County

Enter the name of the county where the abortion occurred.

20a. Physician License Number

Enter the state license number of the physician who performed the abortion.

20b. Signature of Physician

The signature of the physician who performed the abortion must be affixed to the report form after it has been completed. The use of a rubber stamp of the physician's signature is acceptable.

All reports are to be mailed to:

Vital Records and Health Data Development Section
P.O. Box 30691
Lansing, Michigan 48909
Attention: Nosology Unit

Do not hold any reports. They must be filed within seven (7) days of the date of termination. It is not necessary, however, to mail individual reports separately.

IF A FORM IS RETURNED TO YOU

Forms which are partially completed will be returned to you if any of the items number 8 through item number 19b are blank. These items require information that is in the possession of the physician. The returned form will be stamped **ACOMplete** and **RETURN** this form.® The missing information should be added on the form stamped **ACOMplete** and **RETURN** this form® and the form resubmitted to the Department no later than two weeks. When a form is returned for completion and the information that is missing on the form is not available or identifiable, indicate this on the returned form and resubmit it to the Department.

Be certain to resubmit the same form that was returned to you. Note: These forms are not to be confused with the filing of a correction report explained below.

FILING A CORRECTION REPORT

If it is necessary to report a correction to a form previously filed, it is important that it be made in accordance with the following guidelines:

- File the correction immediately upon discovery of the error.
- Using the regular report form, indicate that the report is a correction by checking the correction box in the upper right hand corner of the form.
- Fill out the entire report accurately and completely, changing only the item(s) to be corrected. All other items should be entered exactly as they were on the original report, including the physician license number and signature. This is extremely important in that it will facilitate location of the original record.
- Circle the item(s) to be corrected, entering the correct information. Also indicate the erroneous data by writing in: **From _____ to _____.**®

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH						
ABORTION REPORT						
RESIDENT OF PATIENT - CITY OR TOWNSHIP				COUNTY	STATE	
1a. Lansing City				1b. Ingham	1c. Michigan	
AGE OF PATIENT	MARITAL STATUS	NUMBER OF PREVIOUS PREGNANCIES CARRIED TO TERM	NUMBER OF PREVIOUS PREGNANCIES ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION	NUMBER OF PREVIOUS PREGNANCIES TERMINATED BY INDUCED ABORTION	FIRST DAY OF LAST MENSTRUAL PERIOD (MONTH, DAY, YEAR)	GESTATIONAL AGE IN WEEKS
27	<input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> NOT MARRIED	2	2	1	5/21/99	6
METHOD USED TO CONFIRM PREGNANCY		SOURCE OF REFERRAL		PROCEDURE (INDICATE ALL)		IMMEDIATE COMPLICATIONS (INDICATE ALL)
		<input type="checkbox"/> PHYSICIAN		<input checked="" type="checkbox"/> SUCTION CURETTAGE		<input checked="" type="checkbox"/> NONE

- DO NOT MAKE ANY OTHER MARKS OR NOTATIONS ON THE REPORT FORM.

All correction reports are to be mailed as described on page 2.

ORDERING REPORT FORMS

When the physician's supply of Abortion Report forms is near that which will be used within 3 months, more forms should be reordered. Ordering a twelve month's supply is recommended.

Forms may be ordered by inserting a note with completed forms mailed to the Vital Records and Health Data Development Section or by writing directly to the Department requesting forms by using the address listed on page 2. A phone call can also be placed to the Vital Records and Health Data Development Section at (517) 335-9826 and requesting an order for blank forms. In addition, these forms are available for downloading from the Department's Web site. The Web site address is <http://www.Michigan.gov/mdch/>. From this site, press the **Providers** button and select *Abortion Reporting Forms* under the "Forms" section.

APPENDIX A

THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH ABORTION REPORT AND CORRECTION REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH							<input type="checkbox"/> CORRECTION
RESIDENT OF PATIENT - CITY OR TOWNSHIP				COUNTY	STATE		
1a. Lansing City				1b. Ingham	1c. Michigan		
AGE OF PATIENT 27	MARITAL STATUS 1 <input type="checkbox"/> MARRIED 2 <input type="checkbox"/> NOT MARRIED	NUMBER OF PREVIOUS PREGNANCIES CARRIED TO TERM NONE <input type="checkbox"/> 4. 2	NUMBER OF PREVIOUS PREGNANCIES ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION NONE <input type="checkbox"/> 5. 2	NUMBER OF PREVIOUS PREGNANCIES TERMINATED BY INDUCED ABORTION NONE <input type="checkbox"/> 6. 1	FIRST DAY OF LAST MENSTRUAL PERIOD (MONTH, DAY, YEAR) 7. 5/21/99	GESTATIONAL AGE IN WEEKS 8. 6	
METHOD USED TO CONFIRM PREGNANCY		SOURCE OF REFERRAL	PROCEDURE (INDICATE ALL)		IMMEDIATE COMPLICATIONS (INDICATE ALL)		
			SUCTION CURETTAGE				

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH							<input checked="" type="checkbox"/> CORRECTION
RESIDENT OF PATIENT - CITY OR TOWNSHIP				COUNTY	STATE		
1a. Lansing City				1b. Ingham	1c. Michigan		
AGE OF PATIENT 27	MARITAL STATUS 1 <input type="checkbox"/> MARRIED 2 <input checked="" type="checkbox"/> NOT MARRIED	NUMBER OF PREVIOUS PREGNANCIES CARRIED TO TERM NONE <input type="checkbox"/> 4. 2 to none	NUMBER OF PREVIOUS PREGNANCIES ENDING IN MISCARRIAGE OR SPONTANEOUS ABORTION NONE <input type="checkbox"/> 5. 2	NUMBER OF PREVIOUS PREGNANCIES TERMINATED BY INDUCED ABORTION NONE <input type="checkbox"/> 6. 1	FIRST DAY OF LAST MENSTRUAL PERIOD (MONTH, DAY, YEAR) 7. 5/21/99	GESTATIONAL AGE IN WEEKS 8. 6	
METHOD USED TO CONFIRM PREGNANCY		SOURCE OF REFERRAL	PROCEDURE (INDICATE ALL)		IMMEDIATE COMPLICATIONS (INDICATE ALL)		
		1 <input type="checkbox"/> PHYSICIAN	2 <input checked="" type="checkbox"/> SUCTION CURETTAGE		3 <input checked="" type="checkbox"/> NONE		

APPENDIX B

MICHIGAN VITAL RECORDS SECTION 2835, PUBLIC ACT 368 OF 1978

Sec. 2835. (1) As used in this section and section 2837:

(a) "Abortion" means that term as defined in section 17015.

(b) "Physical complication" means a physical condition occurring during or after an abortion that, under generally accepted standards of medical practice, requires medical attention. Physician complication includes, but is not limited to, infection, hemorrhage, cervical laceration, or perforation of the uterus.

(2) A physician who performs an abortion shall report the performance of that procedure to the department on forms prescribed and provided by the department. A physician shall transmit a report required under this subsection to the director within 7 days after the performance of the abortion.

(3) Each report of an abortion required under subsection (2) shall contain only the following information and no other information:

(a) The age of the woman at the time of the abortion.

(b) The marital status of the woman at the time of the abortion.

(c) The city or township, county, and state in which the woman resided at the time of the abortion.

(d) The location and type of facility in which the abortion was performed.

(e) The source of referral to the physician performing the abortion.

(f) The number of previous pregnancies carried to term.

(g) The number of previous pregnancies ending in spontaneous abortion.

(h) The number of previous pregnancies terminated by abortion.

(i) The method used before the abortion to confirm the pregnancy, the period of gestation in weeks of the present pregnancy, and the first day of the last menstrual period.

(j) The method used to perform the abortion.

(k) The weight of the embryo or fetus, if determinable.

(l) Whether the fetus showed evidence of life when separated, expelled, or removed from the woman.

(m) The date of performance of the abortion.

(n) The method and source of payment for the abortion.

(o) A physical complication or death resulting from the abortion and observed by the physician or reported to the physician or his or her agent before the report required under subsection (2) is transmitted to the director.

(p) The physician's signature and his or her state license number.

(4) The report required under subsection (2) shall not contain the name of the woman, common identifiers such as her social security or motor operator's license number or other information or identifiers that would make it possible to identify in any manner or under any circumstances an individual who has obtained or seeks to obtain an abortion. A state agency shall not compare data in an electronic or other information system file with data in another electronic or other information system that would result in identifying in any manner or under any circumstances an individual obtaining or seeking to obtain an abortion. Statistical information that may reveal the identity of a woman obtaining or seeking to obtain an abortion shall not be maintained.

(5) The department shall destroy each individual report required by this section and each copy of the report after retaining the report for 5 years after the date the report is received.

(6) The department shall make available annually in aggregate a statistical report summarizing the information submitted in each individual report required by this section. The department shall specifically summarize aggregate data regarding all of the following in the annual statistical report:

(a) The period of gestation in 4-week intervals from 5 weeks through 28 weeks.

(b) Abortions performed on women aged 17 and under.

(c) Physical complications reported under subsection(3)(o) and section 2837.

(7) The reports required under this section are statistical reports to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics.

(8) The department or any employee of the department shall not disclose to a person or entity outside the department the reports or the contents of the reports required by this section in a manner or fashion so as to permit the person or entity to whom the report is disclosed to identify in any way the person about who is the subject of the report.

(9) A person who discloses confidential identifying information in violation of section 2834, or section 2837 is guilty of a felony, punishable by imprisonment for not more than 3 years, or a fine of not more than \$5,000.00, or both.

APPENDIX C

DEFINITIONS

The following definitions are to be used in completing the Michigan Department of Community Health Abortion Report.

Abortion

The intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus.

Term Pregnancy

A pregnancy of 37 weeks gestational age or longer, regardless of outcome.

Miscarriage or Spontaneous Abortion

A non-induced termination of pregnancy of less than 20 complete weeks gestation, regardless of outcome.

Live Birth

The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Fetal Death

Death prior to the complete expulsion or extraction from its mother of a product of human conception, which has completed at least 20 weeks gestation or weights at least 400 grams. The death is indicated by the fact that after such expulsion or extraction the fetus does not breath or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

APPENDIX D

SUPPLEMENTAL NOTES CONCERNING PROCEDURES AND COMPLICATIONS

The following suggestions are to be used in determining the correct procedures and complications to indicate on the report from when the procedures used or the complications that occurred are not found specifically as options on the report form.

Table (A) contains a listing of alternate terms for procedures and the appropriate corresponding option to check on the report form. Alternate terms for complications are listed in Table B. NOTE: All procedures used and complications that occurred must be reported.

TABLE A
PROCEDURES

Procedure Used	Check
Suction Suction Curettage Vacuum Aspiration Aspiration Curettage	Suction Curettage
RU-486 Mifepristone	Medical (nonsurgical)
Dilation and Evacuation D & E	Dilation and Evacuation
Saline Injection Intra-amniotic Injection Intrauterine Injection	Saline Injection
Prostaglandin Cytotec Misoprostol Intra-amniotic Injection of Prostaglandin Intrauterine Injection of Prostaglandin	Prostaglandin
Dilation and Curettage Recamier-s Operation D & C	Dilation and Curettage
Hysterotomy Calpohysterotomy Vaginal Hysterotomy Uterotomy	Hysterotomy
Hysterectomy Porro-s Operation TeLinde Modification Radical Wertheim Hysterectomy Meigs-s Operation Morcellation Operation Schanta-Amreich Operation	Hysterectomy
Any Procedures Not Mentioned	Other, and Specify

TABLE B

COMPLICATIONS

Immediate Complication That Occurred	Check
Shock - postoperative - septic Circulatory Collapse	Shock
Uterine Perforation	Uterine Perforation
Cervical Laceration	Cervical Laceration
Hemorrhage McClintock's Sign Afibrinogenemia Defibrination Syndrome Intravascular Hemolysis	Hemorrhage
Allergic Response Renal Failure due to Allergic Response	Allergic Response
Infection arising as a result of the procedure	Infection
Death resulting from the procedure	Death
Infection Renal Failure not due to Allergic Response Damage to Pelvis, Organs or Tissues (excluding uterus, cervix) Metabolic Disorder Embolism Retained Products Any complications not mentioned	Other, and Specify

APPENDIX E
GRAM WEIGHT CONVERSION TABLE

To use this table, find the number of pounds in the column to the far left (or right), and the number of ounces in the top row. Read across from the number of pounds and down from the number of ounces; the gram weight is found where the two lines intersect (i.e., 2 pounds, 6 ounces = 1077 grams). For a weight of less than a pound, find the number of ounces in the top line of the table. The number immediately below it will be the corresponding weight in grams (i.e., 8 ounces = 277 grams).

TABLE I

POUNDS	OUNCES																	POUNDS
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
0	--	28	57	85	113	142	170	198	227	255	284	312	340	369	397	425	454	0
1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	851	879	907	1
2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332	1361	2
3	1361	1389	1418	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786	1814	3
4	1814	1843	1871	1899	1928	1956	1985	2013	2041	2070	2098	2126	2155	2183	2211	2240	2268	4
5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2552	2580	2608	2637	2665	2693	2722	5
6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3119	3147	3175	6
7	3175	3204	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600	3629	7
8	3629	3657	3686	3714	3742	3771	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054	4082	8
9	4082	4111	4139	4167	4196	4224	4253	4281	4309	4338	4366	4394	4423	4451	4479	4508	4536	9
10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4820	4848	4876	4905	4933	4961	4990	10
11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5387	5415	5443	11
12	5443	5472	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868	5897	12
13	5897	5925	5954	5982	6010	6039	6067	6095	6124	6152	6180	6209	6237	6265	6294	6322	6350	13
14	6350	6379	6407	6435	6464	6492	6521	6549	6577	6606	6634	6662	6691	6719	6747	6776	6804	14
POUNDS	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	POUNDS
	OUNCES																	